



DEPARTMENT OF CRIMINAL JUSTICE SERVICES

**On-The-Job Training:
Dispatchers**

Dispatcher's Name: _____ SS#: _____

Agency/Department: _____

Academy: _____ Dates: _____ thru: _____
(Academy where dispatcher classroom training was/will be taken and dates of training)

Instructions:

The chief administrative officer of a local agency or department is responsible for assuring this form is completed and returned to: **Department of Criminal Justice Services, 805 East Broad Street, Richmond, Virginia 23219.** The on-the-job training instructor assigned to train the dispatcher must certify, by date and signature, when each of the listed requirements is satisfactorily completed.

<u>Subjects</u>	<u>Date Completed</u>	<u>On the Job Training Instructor's Signature</u>
■ Agency/Department Policies, Procedures, and Regulations	_____	_____
■ Agency/Department Geographical Area	_____	_____
■ Virginia Criminal Information Network	_____	_____
■ Agency/Department Telephonic System and Equipment Operations	_____	_____
■ Structure of Local Government	_____	_____
■ Local Ordinances	_____	_____
■ Legal Documents and Requirements	_____	_____
■ Government and Private Agency Resources	_____	_____
■ Other Training (If Applicable)		
(a) Emergency Medical Dispatcher	_____	_____
(b) VCIN/NCIC	_____	_____

I certify that the above-named dispatcher has received a minimum of 40 hours on the job training in applicable subjects listed above.

Date

Signature of Dispatcher Receiving Training

Date

Signature of Sheriff, Chief, or Agency Administrator